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**JANAH & ASSOCIATES, PC
650 Delancey Street, Suite 106
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VIA FACSIMILE

ATTENTION: Examiner Crowell
GROUP ART UNIT: 1763
FIRM/CO. NAME: United States Patent and Trademark Office
Application NO: 10/726,008
FAX NO: (571)273-8300
FROM: Ashok K. Janah
DATE: March 7, 2007
OUR REFERENCE NO: 008573 USA/AGS/IBSS/HMM

TOTAL NUMBER OF PAGES 18 **(INCLUDING COVER PAGE)**

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BUSINESS PHONE: (415) 538-1555 **FACSIMILE NO.:** (415) 538-8380

MESSAGE:

Examiner Crowell:

Please see the attached transmittal and amendment.

**Best Regards,
Ashok Janah**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Vescl, et al.	Group No: 1763
Application No: 10/726,008 Confirmation No: 2692	Examiner: Anna M. Crowell Attorney Docket No: 008573 USA/AGS/IBSS/HMM
Filed: December 1, 2003	Wednesday March 7, 2007 San Francisco, CA 94107
Title: MAGNET ASSEMBLY FOR PLASMA CONTAINMENT	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> RCE Transmittal <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$450.00	\$225.00
	<input type="checkbox"/> Three Months	\$1020.00	\$510.00
Total \$ 120.00			
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	29	30	0	\$50.00	\$20.00	\$0.00
Independent Claims	5	5	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims				\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
RCE Fee	\$790.00		
Total	\$910.00	Please direct all telephone calls to: Ashok K. Janah at (415)538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of: \$910.00.		Respectfully Submitted, By:  Date: <u>March 7, 2007</u> Ashok K. Janah Registration No. 37,487	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (571)273-8300 on the date shown below. By:  Date: <u>March 7, 2007</u> Amy Walls			

03/09/2007 CCHAU 00000100 100258 10726008

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AMEND.RCE.CS.001.doc